PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

9-903377

	CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Colun	(Column 1)		(Column 2)		TYPE		OF	OR SMALL ENTIT		
TOTAL CLAIMS				·				RATE	FEE		RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00	
Ţ	OTAL CHARGE	EABLE CLAIMS	n	minus 20=				X\$ 9=		OR	X\$18=		
ΙN	DEPENDENT (CLAIMS	r	minus 3 =				X43=		OR	X86=		
М	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT					+145=	1	OR			
* i	f the differenc	e in column 1 is	s less than a	less than zero, enter "0" in column 2			ı	TOTAL	+	OR	L		
/	1.T.	CLAIMS AS	ГII					J ~	OTHER	THAN			
<u> </u>	9-6-04		(Column 2		(Column 3)	3) SMALLE		ENTITY	OR	SMALL			
AMENDMENT	7/20/00	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 30	Minus	#30	9_	=		X\$ 9=	ļ	OR	X\$18=		
	Independent	ENTATION OF M	Minus	*** /C	0	=	X43=		OR	X86=			
	FINOT FRES	ENTATION OF W	IULTIPLE DE	PENDENT	CLAIN			+145=		OR	+290=		
								TOTAL DDIT. FEE	 	OR	TOTAL ADDIT, FEE		
		_(Column 1)		(Colum	n 2)	(Column 3)	^	DDII. FEE	*	.	ADDII. FEET		
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9≈		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JUTIPLE DEI	PENDENT	CLAIM			+145=		OR	+290=		
							L	TOTAL		L	TOTAL		
							ΑC	DDIT. FEE		OR ,	ODIT. FEE		
ż		(Column 1) CLAIMS		(Columi HIGHE		(Column 3)							
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	· **		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	###		= -		X43=			X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	7.40=		OR	700-		
							-	145≃		OR	+290=	· •	
** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
**************************************	tne "Highest Nur he "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THI For" (Total or	S SPACE is le Independent	ess than) is the h	3, enter "3." nighest number		DIT. FEE L in the app	ropriate box				
			•	•				* .*					